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## BIB DATA SHEET

CONFIRMATION NO. 1866

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/699,110	10/30/2003 RULE	514	1612	9516-083-999	
<b>APPLICANTS</b> Jerome B. Zeldis, Princeton, NJ; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/422,900 10/31/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 01/30/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ZOHREH A FAY/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> JONES DAY 222 E. 41ST. STREET NEW YORK, NY 10017 UNITED STATES					
<b>TITLE</b> Methods of using and compositions comprising selective cytokine inhibitory drugs for treatment and management of macular degeneration					
<b>FILING FEE RECEIVED</b> 978	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	